

EXHIBIT B1
June/July 1999 – Fire & Safety Inspection Report

JUNE/JULY 1999 - FIRE & SAFETY INSPECTION REPORT

A-BLOCK

1. B-1 emergency lighting in need of repair.
2. Toxic & caustic chemicals are being housed in inmate cells.
3. The shower ventilation needs to be improved.
4. The vents need to be cleaned.
5. Inmates are keeping cleaning utensils in their cells.
6. In general the cell content is high.
7. The rear steps need to be replaced.

A-BLOCK DINING HALL

1. The soda dispensers and serving lines need detailed cleaning.
2. The windows need detailed cleaning.
3. The vents need to be cleaned.

B-BLOCK

1. The emergency lighting does not work. Numerous work orders submitted without action.
2. The serving lines and soda dispensers need detailed cleaning.
3. The vents need to be cleaned.
4. The mop water needs to be changed more frequently.
5. The rear steps need to be replaced.
6. The shower ventilation needs to be improved.

B-BLOCK DINING HALL

1. The serving lines need detailed cleaning.
2. The soda dispensers need detailed cleaning.

EXHIBIT B2
Maintenance Work Order (“MWO”) No. 3547,
Dated 03/05/97

MAINTENANCE WORK ORDER (MWO)

MAR 20, 1997

DATE

5 Mar 97

BUILDING NO./NAME 14 Block	ROOM NO./LOCATION TFE side	ORIGINATOR CCB CER	TELEPHONE 2200	SUPERVISOR'S APPROVAL 5/6	TELEPHONE
JOB DESCRIPTION					

2nd step from top is cracked and in
need of repair

DATE REQUIRED

ANSWER

Complete

(Do not write below line)

(Do not write below line)		
TRADE ASSIGNED <u>WEED</u>	MEN ASSIGNED <u>COLICIO</u>	CODE NO. <u>3457</u>
TOTAL TIME-HRS. <u>10.0</u>	PM. NO. <u>1111111111</u>	HISTORY ENTRY

~~Completed By/Date~~

B.M.S. APPROVAL

Authorized By

Record Material and Cost on Reverse
Commonwealth of Pennsylvania

1. White Copy — Maintenance Office 2. Yellow Copy — Maintenance Office 3. Pink Copy — Supervisor's Copy
4. Goldentrod Copy ~ Originator Copy

Department of Corrections
PC-437

TO BE FILLED IN AS WORK PROGRESSES

EXHIBIT B3
Listing for MWO No. 3547

W#

Spaced

Problem

Problem

Do you completed

4/11/1997 8

WELD SHOP

Shop

* Carmen submitted work order after he completed the work.

EXHIBIT B4
MWO No. 00384, Dated 01/07/98

MAINTENANCE WORK ORDER (MWO)

JAN 22 1998

DATE
1/7/98

BUILDING NO./NAME A-Buck	ROOM NO./LOCATION	ORIGINATOR Sirutz	TELEPHONE	SUPERVISOR'S APPROVAL	TELEPHONE
JOB DESCRIPTION 11 Stairs to be evaluated for replacement.			DATE REQUIRED		

ALL STAIR DAMAGE CONSISTS ONLY OF METAL STEP TREADS. ~~SEE ATTACHED! DMS~~

(Do not write below line)		
TRADE ASSIGNED <u>Mason Shop</u>	MEN ASSIGNED <u>Stable</u>	CODE NO. <u>98-00384</u>
TOTAL TIME-HRS. <u>0</u>	PM. NO. <u>11111111</u>	HISTORY ENTRY <u>00000000</u>

~~Completed By Date~~

B.M.S Approval

Authorized By

Record Material and Cost on Reverse
Commonwealth of Pennsylvania

1. White Copy — Maintenance Office 2. Yellow Copy — Maintenance Office 3. Pink Copy — Supervisor's Copy
4. Goldlined Copy — Originator Copy

Department of Corrections
DC-437

TO BE FILLED IN AS WORK PROGRESSES

EXHIBIT B5
MWO No. 00400, Dated 01/07/98

MAINTENANCE WORK ORDER (MWO)

JAN 22 1998

DATE

EXHIBIT B6
MWO No. 02272, Dated 04/07/98

MAINTENANCE WORK ORDER (MWO)

APR 09 1999

DATE

BUILDING NO./NAME	ROOM NO./LOCATION	ORIGINATOR	TELEPHONE	SUPERVISOR'S APPROVAL	TELEPHONE
AB115	AB115	LT2L	2238	LT2L	2238
JOB DESCRIPTION					

The fourth step on front stairs ASAP
on bridge is tilted forward. Possible trip
hazard. PLEASE REPAIR

Thank-You

L7 26

Complete

TRADE ASSIGNED		(Do not write below line)	
Weld	MEN ASSIGNED	CODE NO.	
TOTAL TIME-HRS.	COLICINO	HISTORY ENTRY	
	PM. NO.	98-02272	
Completed By Date		4/9/86	B.M.S. Approval
Record Material and Cost on Reverse			

~~Record Material and Cost of Beverage~~

Commonwealth of Pennsylvania 15

Commonwealth of Pennsylvania

B.M.S. Approval

Authorized By

Department of Corrections
DC-437

1. White Copy — Maintenance Office 2. Yellow Copy — Maintenance Office 3. Pink Copy — Supervisor's Copy
TO BE FILLED IN AS WORK PROGRESSES

EXHIBIT B7
Listing for MWOs Nos. 00384, 00400 and 02272

WORK ORDER	Date:	Building Name	Trade Assigned	Men Assigned	Job Description:	Date Completed:
98-02272	4/17/1998	A-Block	Weld Shop	Jaszak	The fourth step on front step on bridge is tilted forward	4/22/1998
98-00384	1/17/1998	A-Block	Mason Shop	Stabley	All stairs to be evaluated for replacement	2/9/1998
98-00400	1/17/1998	A-Block	MR	Jaszak	Repair Stair Treads	1/22/1998
98-02172	3/31/1998	Activities	MR		Repair loose railing on steps leading to basement/bathroom	9/6/1998
98-00528	1/17/1998	Admin Bldg.	Lock Shop	Kirkwood	Door knob at the top of stairs to the visiting room knob is about to fall off	3/18/1998
98-00157	1/17/1998	Admin. Bldg.	Lock Shop	Hiltner	Door to stairwell leading to mail room will not open from outside	2/10/1998
97-9343	1/22/1997	B-Block	Paint Shop	Bondi	Paint walls in stairwell and steps	10/15/1998
98-00339	1/13/1998	B-Block	Mason Shop	Jaszak	Back steps are broken	2/17/1998
98-02483	4/14/1998	B-Block	Weld Shop	Jaszak	Step on stair case broken	2/17/1998
98-00661	1/23/1998	B-Block	Mason Shop	Stabley	Steps at front of unit are covered with diamond plate and 1st step is loose	7/1/1998
97-9207	1/20/1997	B-Block	Weld Shop	Jaszak	4th step from bottom odd side loose-cement loose from frame	2/18/1998
98-04176	6/26/1998	C-Block	MR	Jaszak	Right rear stairwell, 10th step broken loose	2/17/1998
98-00223	1/12/1998	Chapel	MR	Jaszak	Missing step on back stairwell	6/29/1998
98-03157	5/7/1998	Chapel	Carpenter Shop	Harmonsky	Repair hand railing on stairs to masjid.	5/31/1998
97-8880	1/23/1997	D-Block	Electric Shop	Finn	Steps to tunnel need to be secured	12/16/1997
98-03703	6/3/1998	D-Block	Plumbing Shop		Install fluorescent light under steps in back of D-Block	7/1/1998
98-01231	2/18/1998	E-Block	Mason Shop	Steps repaired	Toilet upstairs flooding cell down stairs	3/9/1998
97-8444A	1/17/1997	E-Block	MR	Jaszak	Steps at rear of block need to be repaired	12/18/1997
98-00909	2/4/1998	EDCC	MR	Scheck	Steps at rear of block are broken	2/19/1998
98-0401A	6/25/1998	EDCC	MR	Scheck	Stairway light out	7/2/1998
98-02594	4/18/1998	EDCC	MR	Scheck	Lower 1 stairwell exit sign not working	8/29/1998
98-00253	1/7/1997	EDCC	MR	Scheck	Bulb is out leading to F-block in stairwell	2/9/1998
98-04081	6/23/1998	EDCC-F	MR	Scheck	Exit light at stairway to lower level is out	7/2/1998
98-01640	3/21/1998	EDCC-G	MR	Scheck	F/Stairs closest to the commissary lower level light is out	7/2/1998
97-8888A	1/29/1997	EDCC-G	MR	Harmonsky	Light out in rear stairwell, 400 level	4/6/1998
98-03930	6/9/1998	EDCC-G	Plumbing Shop	Worley	Back stairway lights burned out	6/24/1998
98-01101	2/15/1998	EDCC-H/I	MR	Scheck	Upstairs shower head clogged and not working	2/23/1998
98-03114	5/6/1998	EDCC-H/I	MR	Scheck	The light stairwell coming up to U/I block is coming off the wall and needs screw	7/28/1998
98-00224	1/11/1998	EDCC-I	Weld Shop		Stairwell steps leading to pent house light burned out	
98-02077	4/1/1998	EDCC-I	MR	Scheck	Hinges on stairwell door, weld is cracked	
97-0639	1/15/1997	EDCC-I	MR	Bobar	Light out in stairwell	6/30/1998
98-02600	4/18/1998	EDCC-L/F	MR	Scheck	Hand rail loose in stairwell	12/4/1997
					Bulb is out at the bottom of stairwell	6/29/1998

EXHIBIT B8
February Cost Report for the A-Block Stair
Replacement Project

INSTITUTION: S.C.I. GRATERFORD**APPENDIX A
PAGE A-41****For the Month of: FEBRUARY-2001
II. MISCELLANEOUS**

Title:	A-BLOCK STAIRS		
Description:	Remove & replace stairs in rear of A-Block.		
Estimated Cost if by Contractor		Inst. Cost	
	\$ 15,500.00	Material:	\$ 6,602.00
		Labor:	\$ 1,781.29
		Total:	\$ 8,383.29
Savings:	\$ 7,116.71		
Percent Complete:	Last Month %	This Month 100%	To Date 100%

Title:	COUNSELOR OFFICE SECURITY		
Description	HARDEN OFFICE—ADD BARS TO WINDOWS		
Estimated Cost if By Contractor		Inst. Cost	
	\$	Material:	\$
		Labor:	\$
		Total:	\$
Savings:	\$		
Percent Complete:	Last Month 10%	This Month 00%	To Date 10%

Title:	K-BLOCK PLUMBING		
Description:	Upgrade plumbing		
Estimated Cost if by Contractor		Inst. Cost	
	\$	Material:	\$
		Labor:	\$
		Total:	\$
Savings:	\$		
Percent Complete:	Last Month 95%	This Month 00%	To Date 95%

EXHIBIT C
Declaration of Corrections Health Care Administrator
Julia Knauer

CID DOU 1801

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CIVIL ACTION

DEON C. STAFFORD

v.

DONALD T. VAUGHN (SUPERINTENDENT):
MANNY ARROYO (DEPUTY
SUPERINTENDENT), DAVID
DIGUGLIELMO (DEPUTY
SUPERINTENDENT), GEORGE HILTNER
(SUPERVISOR MAINTENANCE), MRS.
KNAUER (ADMINISTRATION
SUPERVISOR), MR. MCSURDY (FIRE
INSPECTOR SUPERVISOR)

NO. 02-3790

DECLARATION OF JULIE KNAUER

I, Julie Knauer, declare under penalty of perjury that the following facts are true and correct to the best of my knowledge:

1. I am the Corrections Health Care Administrator ("CHCA") at the State Correctional Institution ("SCI") at Graterford. I have been employed at SCI-Graterford for the entire time that Deon Stafford, inmate DD-4637, has been incarcerated here. I have been the CHCA since September 1999.
2. While I am a registered nurse, my duties are as an administrator, not a nurse. My duties require me to rely upon the medical professionals, which the contract medical provider provides at SCI-Graterford. I also rely on the medical records in the regular course of my administrative duties. As part of my duties, I am an administrator for the health care services for inmates in the treatment of illnesses, disease and injury. I am responsible for monitoring the contracted health agency to ensure compliance to policy, procedure and practice, and I serve as the liaison between the institution's administration and contract

health care provider in matters of mutual concern.

3. With respect to referrals to outside specialists and facilities, the physician or physician's assistant ("PA") who suggests a referral to a specialist must complete a consultation form and submit it to the Medical Director. The Medical Director is a doctor employed by the contract medical provider, not the Department of Corrections ("DOC"). The Medical Director decides whether to refer the inmate to a specialist or suggest a more conservative treatment to be performed inside the Institution until it is determined whether an outside specialist is necessary. The DOC's medical vendors routinely provide emergency care, clinics for management of chronic illnesses, dental services, and optical care.
4. I am not involved in the medical decision of whether a referral to a specialist is approved or not. Rather, if a referral is approved, I monitor the treatment to ensure that the medical vendor complies with the terms of the medical provider contract. If a referral is not approved, the Medical Director will devise an alternative treatment plan.
5. Deon Stafford is an inmate currently incarcerated at SCI-Graterford. I have reviewed Stafford's claims that he has raised concerning me in the Complaint in the above-captioned case. Stafford contends that, while incarcerated at SCI-Graterford, I demonstrated deliberate indifference to serious medical needs resulting from a July 20, 2000 fall.
6. An inmate's medical records includes Progress Notes (Medical and Psychiatric), Physician's Orders, Consultation Records, X-Rays and Physical Examinations, Medications, Lab Records, and Miscellaneous Administrative Medical Records.
7. I have reviewed Stafford's medical file in the past so I could appropriately respond to his

Request Slips and Grievances that he submitted concerning the medical treatment he was receiving.

8. Each time I received a grievance, and reviewed his charts filled out by the medical professionals who I rely upon, I concluded that Stafford was receiving appropriate care. (See Exhibits C4-C8)
9. I have reviewed Stafford's medical file again and my general impression, based upon the medical records compiled by medical professionals, is that Deon Stafford suffers from intermittent, low-grade back pain and that, although the medical care he receives is appropriate for his condition, he demands medical treatment that is not necessary.
10. It is worth noting that Stafford complained about back pain well before July 2000 fall and that he refused an x-ray for it. (See Exhibit C5).
11. It is also worth noting that Stafford was not the first person to fall on the stairs on A-Block. From December 1998, until Stafford's accident on July 20, 2000, there were fifty-three documented slip/falls around the Institution: six (6) of which occurred on the A-Block stairs, including Stafford's. Inmate John Hall, CS-2352, accounted for two of the six falls. There is only a Medical Incident/Injury Report for five of the six falls. Evidently, inmate Jabari Jackson, BZ-6266, did not seek medical attention after his fall. With respect to the Medical Incident/Injury Reports, only Stafford's indicates that the fall was attributable to a condition of the stairs. The other four indicate that the inmate fell and/or slipped up or down the steps.
12. In conclusion, the medical record which I rely upon to gauge the care provided for Stafford is replete with entries detailing the appropriate medical care that he has received

while incarcerated at SCI-Graterford.

13. Attached, as noted in the Exhibit Table, are a some of the relevant entries in Stafford's medical record, as well as true and correct copies of the documents that I have described above.

I, CHCA Knauer, declare under penalty of perjury that the foregoing facts are true and correct.

Graterford, PA

DATED: August 6, 2004


Julie Knauer

EXHIBIT C1
Initial Reception Screening/Health Assessment

INITIAL RECEPTION SCREENING/HEALTH ASSESSMENT

I.D. INFORMATION:

Reception Date 12-13-96SOCIAL SECURITY # 179-52-3899 SCI CampName Stafford DeanI.D. # DD4637

Last

First

M.I.

Language(s) spoken: Yes No

Interpreter needed: [circle one] Yes

 NoCan Speak English: Able to Read

Name of interpreter: _____

Able to Write Marital Status [circle one] S M D

W Sep

Race [Circle One] W B H'

NA Other

Religion ProtestantDate of Birth 4-10-69Home County York Co

FAMILY HISTORY:

Alive	Dead	Cause of Death:
<input checked="" type="checkbox"/>	<input type="checkbox"/> Father	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Mother	_____
<input checked="" type="checkbox"/> bro sis	<input type="checkbox"/> Siblings	_____

Diabetes	<input checked="" type="checkbox"/>	Mom
Heart Disease/Attack	<input checked="" type="checkbox"/>	Mom
High Blood Pressure	<input checked="" type="checkbox"/>	Mom
Cancer specify	<input checked="" type="checkbox"/>	
Blood Disease specify	<input checked="" type="checkbox"/>	
Arthritis	<input checked="" type="checkbox"/>	
Hepatitis	<input checked="" type="checkbox"/>	
Epilepsy/Seizure Disorder	<input checked="" type="checkbox"/>	self
Mental Illness/Retardation	<input checked="" type="checkbox"/>	
TB - Treated	<input checked="" type="checkbox"/>	
If yes, when and where?	<input checked="" type="checkbox"/>	
Sickle Cell	<input checked="" type="checkbox"/>	

MEDICAL HISTORY:

Notify in Emergency: [name & address & phone] Shirley Sheila Stafford, 85 Wedgewood
Circle, Etters PA. 17319 (717) 978-5469 Relationship: MomFamily Physician name and address: NIA

Address: _____

Current Medications: Dilantin 200 BID, Phenobarb 30g BIDPast Hospitalization: specify reason(s): NIA

[Location, Address, City, State, Zip]

Head Injury/LOC Boxing Injury - unconscious 1-2 minutesAllergies: NKA

D.O.B:	<u>4-10-69</u>
SS#:	<u></u>
Inst. #:	<u>DD4637</u>
Name:	<u>Stafford, Dean</u>

Physical Limitations/Handicaps:

N/A

PHYSICAL AIDS:

	Yes	No	Description:
Eyeglasses	notch him	✓	
Contact Lens	—	✓	
Orthotics, Braces	—	✓	
Wheelchair	—	✓	
Dentures	—	✓	
Other	—	✓	

	Yes	No	Description:
Hearing Aid	—	✓	
Artificial Limbs	—	✓	
Crutches/Cane	—	✓	
Eye Prosthesis	—	✓	
Hair Piece	—	✓	

DRUGS, PAST/PRESENT USE:

	Yes	No
Steroids	✓	
Alcohol	✓	
Heroin	✓	
Marijuana	✓	
LSD	✓	
Cocaine/	✓	
Amphetamines	✓	
Tobacco	✓	
Tranquilizers	✓	

1 ppd - none
since
incarcerated

HAVE YOU EVER TAKEN
MEDICATION FOR:

Medication	No	Yes	Medication & When?
Heart B/P	—	✓	
Glaucoma	—	✓	
Asthma	—	✓	
Diabetes	—	✓	

Method of Drug Use:

—	Smoke
✓	IV
✓	Snort
✓	Ingest

When was last time drugs were used: (Specify)

clean 1yr.

Any problems after withdrawal: (Specify)

Seizures Jan 7th 96 @ OCP

D.O.B:	_____
SS#:	_____
Inst. #:	_____
Name:	_____

EXHIBIT C2
Report of Slip/Falls from 12/97 – 06/00

08-05-2004 13:23

FROM-MAINTENANCE

User Defined Report

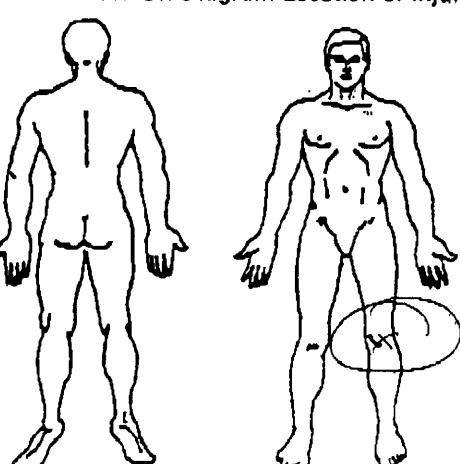
Name	Number	Date	Type	Location	Description	Code	Department	Age
HALL, JOHN	CS2352	12/05/1998	I	STEPS A-BLK	FELL DOWN BACK	34	STEPS	29
	Total	1						
			S	F-BLK STAIRWELL	SLIPPED DOWN	34	STEPS	43
	Total	2						
			I	INF. CELL 1020	STAIRWELL TWIST	13	STEPS	41
	Total	3						
			S	L-BLK CTRL RM	SLIPPED ON	13	STEPS	32
	Total	4						
			I	H STAIRWELL	SLIPPED/FELL	10	STEPS	50
	Total	5						25
			I	D-BLK STRWELL	SLIPPED/STEPS	1	STEPS	
	Total	6						
			S	D-BLK BRIDGE	TRIPPED/STEP	2	STEPS	45
	Total	7						
			I	M-UNIT TRAILER	STEPS/SLIPPED	13	STEPS	28
	Total	8						
			I	E-BLK	FELL/STEPS/BACK	41	STEPS	34
	Total	9						
			S	BACK DOCK	STEPS/FELL/PATC	34	STEPS	38
	Total	10						
			I	D-BLK	MTSSED	41	STEPS	33
	Total	11						
			S	STAIRWAY/MHU	SLIPPED/STEPS	34	STEPS	0
	Total	12						
			S	FRONT STAIRWY	TRIPPED/STEPS/L	10	STEPS	56
	Total	13						
			S	L/I STAIRWELL	STAIRS/TWIST	13	STEPS	37
	Total	14						
			I	L/H 1022	SLIP/WATER/FACE	1	STEPS	33
	Total	15						
BROWN, SHAWN	CF7402	03/30/1999	I	A-BLK	TRIPPED/STEP/FE	10	STEPS	0
	Total	16						
			I	L/F STAIRWAY	FALL/STEPS	12	STEPS	35
	Total	17						
			I	B-BLK REAR STEP	STAIRS/SLIP/ANK	13	STEPS	34
	Total	18						
			S	ADMIN BLDG STAI	SLIP/STEPS/TWIS	13	STEPS	37
	Total	19						
			I	D-BLK STAIRS	MISSSED STEP	13	STEPS	26
	Total	20						
			I	D-BLK	FELL/HALF	13	STEPS	29
	Total	21						
			I	BEHIND SCHOOL	FOOT/CAUGHT/STE	10	STEPS	22
	Total	22						
HALL, JOHN	CS2352	07/13/1999	I	A-BLK	FELL/STEPS	13	STEPS	30
	Total	23						
			S	H-BLK STAIRWELL	TRIPS UP	13	STEPS	37
	Total	24						
			I	MAIN YARD	FELL/STEPS/KNEE	10	STEPS	42
	Total	25						
			S	U/G	STEPS/STUMBLED	10	STEPS	29
	Total	26						
			I	E-BLK STAIRCASE	FELL/STEPS	3	STEPS	51

User Defined Report

Name	Number	Date	Type	Location	Description	Code	Department	Age
	Total	27		I SHOWER/STAIRWY	SLIP/STEPS/CHIN 1	STEPS		
	Total	28		I L-UNIT	TRIP/STAIRS/B-W 3	STEPS		34
JACKSON, JABARI	Total	29		I A-BLK STEPS	FELL/STEPS	10	STEPS	32
	BZ6266	10/13/1999					No medical report	0
	Total	30		S D&A UNIT/STEPS	FELL UP/STEPS	13	STEPS	43
	Total	31		S L/H-BLK CTRL ST	STEPS/TWIST/ANK 13	STEPS		41
	Total	32		S L/F	FELL/STEPS/HEAD 43	STEPS		0
	Total	33		S D&A UNIT	STEPS/TWIST/KNE 13	STEPS		0
	Total	34		I B-WING STEPS	PUSHED DOWN	3	STEPS	49
	Total	35		I D-BLK STAIRS	FEET/SLIP/HIT	10	STEPS	0
	Total	36		I U/F STEPS	FALLING/HIT/THU	10	STEPS	30
O'BRIEN, THOMAS	B84015	02/26/2000	I A-BLK	STEPS/SLIP/HIT/	3	STEPS		63
	Total	38	I STEPS	TRIP/STEPS/HIT/	3	STEPS		30
	Total	39	I STAIRS/BLK	TRIP/WATER/FORE	4	STEPS		0
	Total	40	I D-BLK F/BRIDGE	TRIPPED/UP	13	STEPS		28
	Total	41	I C-BLK STAIRS	STEPS/KNEE/GAVE	43	STEPS		0
	Total	42	I STEPS/C-BLK	SLIP/OBJECT/HEAD	3	STEPS		27
	Total	43	I E-BLK STAIRS	KNEE/POP	41	STEPS		0
	Total	44	I D-BLK BRIDGE	FELL DOWN/STEPS	13	STEPS		35
	Total	45	S FRONT GATE	TRIP/STEPS/UPPE	41	STEPS		0
	Total	46	I H/STEPS	STEPS/FELL	1	STEPS		0
	Total	47	I D-BLOCK	FELL/STEPS/ANKL	13	STEPS		24
QUINN, JAMES	Total	48	I D BLK. STEPS	CLEANING/STEPS/	34	STEPS		23
	Total	49	I L-F/STAIRWAY	SLIP/DOWN/STEPS	13	STEPS		24
	Total	50	I G/STAIRWELL	RUN/FELL/STEPS/	1	STEPS		24
STAFFORD, DEON	Total	51	I A-BLK/STAIRS	STEPS/BROKE/FEL	43	STEPS		31
	DD4637	07/20/2000	I L/F-STAIRCASE	TRIP/UP/STEPS/K	10	STEPS		42
	Total	52	I PAINT SHP/B-DOC	SLIP/DOWN/STEPS	13	STEPS		33
	Total	53						

EXHIBIT C3
Medical Incident/Injury Reports

What happened?

MEDICAL INCIDENT/INJURY REPORT				Reported To Dispensary:																
PERSON INVOLVED	(Last Name) <u>Hall</u>	(First Name) <u>John</u>	(Middle Initial)	Date: <u>12/6/98</u> Time: <u>0900 AM</u>																
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> : Age <u>29</u>	SSN: <u>██████████</u>																			
Date of Incident <u>12/5/98</u>	Time of Incident <u>1910</u>	A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	Exact Location of Incident <u>back steps A block</u>																	
INMATE <input checked="" type="checkbox"/>	Inst. No. <u>CS2350</u>	Housing Unit: <u>A-B2-041</u>	Work Related	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
SUPERVISOR:																				
EMPLOYEE <input type="checkbox"/>	Department		Job Title																	
VISITOR <input type="checkbox"/>	Home Address			Home Phone																
OTHER <input type="checkbox"/>	Occupation		Reason for Presence at this Facility																	
Property Involved <input type="checkbox"/> : Equipment Involved <input type="checkbox"/> : Describe				Was person authorized to be at location of incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged, Describe Damage. 1. Description of Illness/Injury <u>Inmate states "I fell down the back steps" wheelchair to A block to pick up inmate</u>																				
(Continue on Reverse)																				
Was Physician Notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Family Notified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																			
Was Person Involved Seen By A Physician? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Date <u>12/6/98</u>	Time <u>0945</u>	A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	Where <u>Dispensary</u>																
Was Person Involved Taken To A Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date <u>/ /</u>	Time <u>/ /</u>	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	Where <u>By Whom</u>																
2. Initial Impression Illness/Injury <u>slipped on 4th step hitting knee and twisted knee. He fell down steps. Swelling & pain (R knee) on laceration (superficial) of (R) bottom lip. No erythema noted. (+) popliteal pulse.</u>																				
Indicate On Diagram Location of Injury																				
<table border="0"> <tr> <td colspan="2" style="text-align: center;">TYPE OF INJURY</td> </tr> <tr> <td>1. Laceration</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Hematoma</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Abrasion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Burn</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Non Apparent</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Other</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">Specify <u>probable sprain</u></td> </tr> </table> 					TYPE OF INJURY		1. Laceration	<input type="checkbox"/>	2. Hematoma	<input type="checkbox"/>	3. Abrasion	<input type="checkbox"/>	4. Burn	<input type="checkbox"/>	5. Non Apparent	<input type="checkbox"/>	6. Other	<input checked="" type="checkbox"/>	Specify <u>probable sprain</u>	
TYPE OF INJURY																				
1. Laceration	<input type="checkbox"/>																			
2. Hematoma	<input type="checkbox"/>																			
3. Abrasion	<input type="checkbox"/>																			
4. Burn	<input type="checkbox"/>																			
5. Non Apparent	<input type="checkbox"/>																			
6. Other	<input checked="" type="checkbox"/>																			
Specify <u>probable sprain</u>																				
3. Treatment Rendered: <u>Ice to (L) knee crutches x 7 days Motrin 800 mg bid x 5 days.</u>																				
Follow-Up: <u>X-ray (R) knee in AM lay in x 3 days.</u>																				
Date of Report <u>12/6/98</u>	Signature & Title of Person Preparing Report <u>Jean Monstier, RN Supv.</u>		Reviewing Authority <u>M. Monstier RN</u>																	
COMMONWEALTH OF PENNSYLVANIA																				

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) Brown (First Name) Shawn (Middle Initial)

Male Female Age _____ SSN: _____

Reported To Dispensary:

Date: 3/30/99Time: 1100 AM

Date of Incident 3-30-99 Time of Incident 1045 A.M. P.M. Exact Location of Incident A blk

INMATE Inst. No. CT7402 Housing Unit: A Work Related Yes No

EMPLOYEE Department WIA Job Title

VISITOR Home Address Home Phone

OTHER Occupation Reason for Presence at this Facility

Property Involved Equipment Involved Describe _____ Was person authorized to be at location of incident: Yes No

Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury. State Part of Body Injured. If Property or Equipment Damaged.

1. Description of Illness/Injury

States tripped up step and fell on right arm.

(Continue on Reverse)

Was Physician Notified?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was Family Notified?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was Person Involved Seen By A Physician?	Date <u>3/30/99</u> Time <u>1105</u> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Where <u>Disp</u>	Physician's Name <u>Baddick</u>	By Whom
Was Person Involved Taken To A Hospital?	Date <u>/ /</u> Time <u> </u> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Where		

2. Initial Impression Illness/Injury

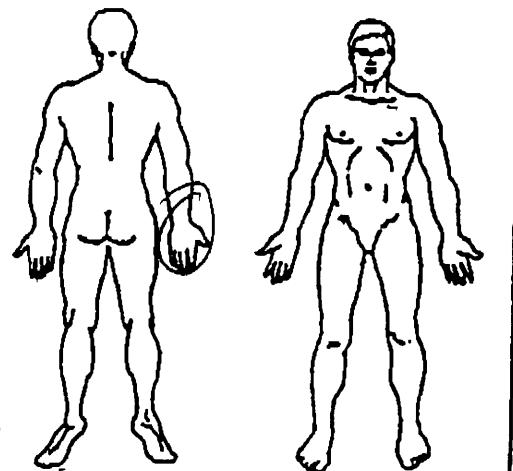
Severe pain in right wrist with inability to move wrist due to pain. Minimal swelling noted. Skin warm. Right radial pulse present. Moves fingers slowly due to pain.

Treatment Rendered: Ice, Tylenol, X-ray

TYPE OF INJURY

1. Laceration
2. Hematoma
3. Abrasion
4. Burn
5. Non Apparent
6. Other

Specify _____



Follow-Up

Sick call

Date of Report

3/30/99

Signature & Title of Person Preparing Report

Shawn Brown

Reviewing Authority

Jean Wooster, RN Supv

3/30/99

MEDICAL INCIDENT/INJURY REPORT				Reported To Dispensary:
PERSON INVOLVED	(Last Name) Hall	(First Name) John	(Middle Initial)	Date: 7/13/99 AM Time: PM
Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	Age 30	SSN:	
Date of Incident 7-13-99	Time of Incident 2000	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Exact Location of Incident A block	
INMATE <input type="checkbox"/>	Inst. No. CS2352	Housing Unit: A	Work Related	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SUPERVISOR:				
EMPLOYEE <input type="checkbox"/>	Department	Job Title		
VISITOR <input type="checkbox"/>	Home Address	Home Phone		
OTHER <input type="checkbox"/>	Occupation	Reason for Presence at this Facility		
Property Involved <input type="checkbox"/> : Equipment Involved <input type="checkbox"/> : Describe			Was person authorized to be at location of incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged. Describe Damage. 1. Description of Illness/Injury				
States fell down about nine steps last evening.				

(Continue on Reverse)

Was Physician Notified?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Was Family Notified?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Was Person Involved Seen By A Physician?	Date	Time	A.M.	Where	Physician's Name
Yes <input checked="" type="checkbox"/>	1/13/99	0850	P.M.	Drop	Belkem
No <input type="checkbox"/>					By Whom
Was Person Involved Taken To A Hospital?	Date	Time	A.M.	Where	
Yes <input checked="" type="checkbox"/>	1/13/99	0850	P.M.		
No <input type="checkbox"/>					

Initial Impression Illness/Injury

Initial impression: illness, injury
Arrived via wheelchair
9% severe pain in
right knee with
swelling noted.

Dear limited

Specify —
on ~~her~~ due to severe pain

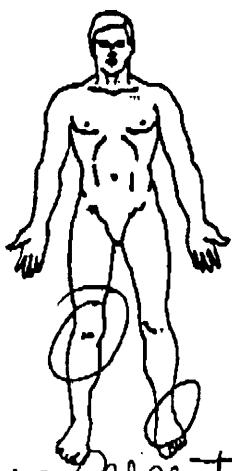
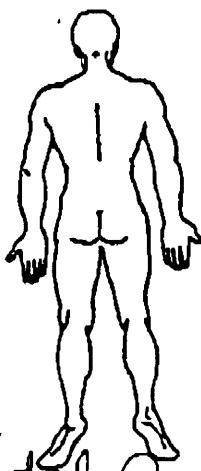
90% pain in lateral, left

ankle with slight edema

noted skin warm. Bilateral pedal edema.

TYPE OF INJURY

1. Laceration
2. Hematoma
3. Abrasion
4. Burn
5. Non Apparent
6. Other



Indicate On Diagram Location of Injury

Follow-Up sick call Date of Report 7/13/99 Signature & Title of Person Preparing Report Reviewing Authority
Deneese A. Schubell RN, LPN Dr. Webster, MD
Jean Wooster, RN, Supv.

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) O'Brien (First Name) Thomas (Middle Initial)
 Female : Age 63 SSN:

Reported To Dispensary:

Date: 2/26/00 AM
Time: 1936 PMDate of Incident 2/26/00 Time of Incident A.M. P.M. Exact Location of Incident A-BlockINMATE Inst. No. BB4015 Housing Unit: A Work Related Yes

SUPERVISOR:

EMPLOYEE Department Job Title VISITOR Home Address OTHER Occupation Reason for Presence at this Facility Property Involved Equipment Involved DescribeWas person authorized to be at location of incident:
 Yes No

Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged.

1. Description of Illness/Injury

I was coming down the steps & slipped & hit one of the cais in the block.
 R leg = abrasion mid lower leg - abrasion
 L leg approx 8" abrasion & lower leg. (Continue on Reverse)

Was Physician Notified? Yes NoWas Family Notified? Yes No

Was Person Involved Seen By A Physician?

 Yes NoDate / / Time A.M. P.M.Physician's Name

Was Person Involved Taken To A Hospital?

 Yes NoDate / / Time A.M. P.M.Where By Whom

2. Initial Impression Illness/Injury

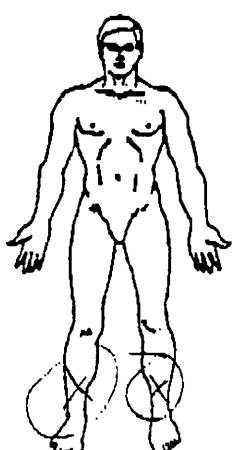
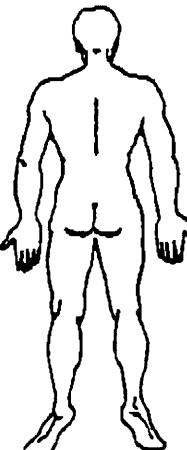
R abrasion R leg.
 abrasion R leg
 (1) R leg -

TYPE OF INJURY

1. Laceration
2. Hematoma
3. Abrasion
4. Burn
5. Non Apparent
6. Other

Specify _____

Indicate On Diagram Location of Injury



3. Treatment Rendered:

Cleansed w/ Peroxide & H₂O - TAB out
 L DSD applied

Follow-Up

Date of Report

Signature & Title of Person Preparing Report

Reviewing Authority

2/26/00M. BealeherskiJeffrey K. Boys, RN

EXHIBIT C4
Medical Incident/Injury Report for Deon Stafford,
Dated 07/20/00

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) Stafford (First Name) Dean (Middle Initial)

Male Female Age 31 SSN:

Date of Incident 7/20/00Time of Incident 1120

A.M.
 P.M.

Exact Location of Incident A block 5 stairsINMATE Inst. No. DD 4637Housing Unit: A

Work Related

 Yes NoEMPLOYEE

SUPERVISOR:

Department

Job Title

VISITOR

Home Address

Home Phone

OTHER

Occupation

Reason for Presence at this Facility

Property Involved Equipment Involved Describe Stairs Was person authorized to be at location of incident? Yes No

Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged.

Describe Damage. 1. Description of Illness/Injury

Dispensary received telephone call that step broke an stairs near dining room A block. Inmate fell down stairs when step broke. Inmate lying at bottom of stairs (Continue on Reverse)

Was Physician Notified?

 No

Was Family Notified?

 No

Was Person Involved Seen By A Physician?

 NoDate 7/20/00

Time

A.M.

P.M.

Where DispPhysician's Name Heber/Prat

Was Person Involved Taken To A Hospital?

 No

Date

Time

A.M.

P.M.

Where

By Whom

2. Initial Impression Illness/Injury

Pulse ox 98% P 61

Inmate brought to dispensary via stretcher. Inmate immobilized c

neck immobilizer and Reeves sleeve.

Hand grasp as unequal. Right weaker than left. No movement or reaction to pain. Right

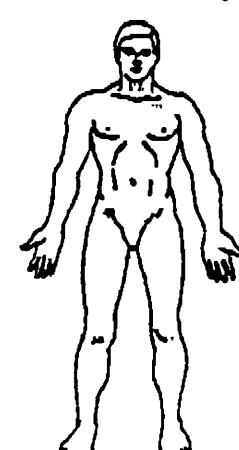
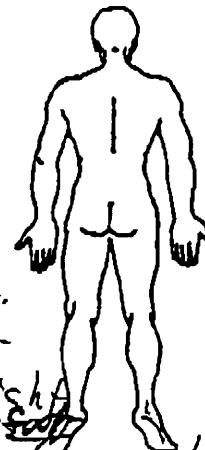
90 back pain with any movement. Inmate awake and Alert.

3. Treatment Rendered: Xray

Indicate On Diagram Location of Injury

TYPE OF INJURY

1. Laceration
2. Hematoma
3. Abrasion
4. Burn
5. Non Apparent
6. Other

Specify Follow-Up Admit to infirmaryDate of Report 7/20/00Signature & Title of Person Preparing Report Master PWReviewing Authority Jeffrey C. Boyce

DC-457

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

MEDICAL INCIDENT/INJURY REPORT

DISPOSITION AFTER TREATMENT:

1. Return to Block
2. Place in RHU
3. Admit to Infirmary
4. Admit to Community Hospital
5. Return to Work
6. Refer to Physician's Line
7. Refer to Family Physician
8. Refer to Community Hospital

(Employee)

DISTRIBUTION:

Original: Medical File

Copies: Superintendent

Deputy for Operations

Deputy for Treatment

Major

Security Officer

Other

CONTINUED FROM REVERSE: (Items 1 through 3) (Indicate Item).

① Pupils equal and reactive. To xray via stretcher 1220 moving Right foot and leg but not as well as left leg. Xrays reviewed by Dr Beken. Inmate transferred to infirmary via stretcher for admission

EXHIBIT C5
X-Ray Report for Deon Stafford, Dated 04/29/99

4/29

FORM DC-82 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
NAME	Stafford, Dean		NUMBER DD 4637
X-RAY NUMBER	DATE OF X-RAY 4/29/99	QUARTERS CB 2015	
<input type="checkbox"/> TREATMENT <input checked="" type="checkbox"/> EXAMINATION		DETAILS: lumbosacral spine	
		MAY 07 1999 SCI GRATERFORD DEPT. DR. A. ZAWADZKI PHYSICIAN	
REPORT He pt states it is his upper back and neck that is the problem, not his lower back As ordered - does not want lower back x-ray done - signil DC-462 Bg. 4/29/99			
DATE OF REPORT		ROENTGENOLOGIST	
White—MEDICAL RECORD		Canary—X-RAY FILE	Pink—RADIOLOGIST FILE

DC-456 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
NAME	Stafford		NUMBER DD 4637
X-RAY NUMBER	DATE OF X-RAY 11/29/99	QUARTERS CB 01b	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION		DETAILS: X-ray L ankle 1/2 of same ankle now the ankle is injured -- left malleolus + up to fibular neck	
		DEC 07 1999 SCI GRATERFORD DEPT. MEDICAL H. CPS PHYSICIAN PETER G. GREGORY, M.D.	
REPORT LEFT ANKLE- Radiographs of the left ankle demonstrate mild degenerative change with mild soft tissue swelling. No definite fracture is noted.			
IMPRESSION: No acute fracture.			
PETER G. GREGORY, M.D. 11-30-99 1ag			
Diagnostic Reports Name: <i>Bob</i> Date / Time: 12-2-99 12:45 A N NO			
E OF REPORT		ROENTGENOLOGIST	
White—MEDICAL RECORD		Canary—X-RAY FILE	Pink—RADIOLOGIST FILE

EXHIBIT C6
X-Ray Report for Deon Stafford, Dated 07/20/00

DC-456	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS		
X-RAY REPORT RECEIVED			
NAME	JUL 25 2000 S. Graterford MEDICAL REC SCI-GRATERFORD	NUMBER	DD 4637
X-RAY NUMBER	DATE OF X-RAY	QUARTERS	
	7/20/00	B	
<input type="checkbox"/> TREATMENT	<input type="checkbox"/> EXAMINATION	DETAILS:	
<p><i>*Rt. on back soave</i></p> <p><i>R pelvis x-ray</i></p> <p><i>AP's done only per Dr. Beken</i></p>			
<p><i>Name: Emre Beken M.D.</i></p> <p><i>Date / Time: 7/20/00 14:00</i></p> <p><i>AP's done only per Dr. Beken</i></p>			
<p>REPORT</p> <p>PELVIS- Radiographs of the pelvis demonstrate no fracture or deformity. The soft tissues and joint spaces are unremarkable.</p> <p>LUMBAR SPINE- Single AP radiographs of the lumbar spine demonstrate no definite fracture or bone destruction. Alignment is difficult to evaluate on a single AP view.</p> <p>CERVICAL SPINE- Limited single AP view of the cervical spine demonstrates no obvious abnormality, fracture or foreign body.</p>			
<p>DATE OF REPORT</p> <p>PETER G. GREGORY, M.D. Emre Beken M.D. White MEDICAL RECORD Canary X-RAY FILE 07-21-00 1ag Pink—RADIOLOGIST FILE</p>			

RECEIVED

DC-456	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS		
X-RAY REPORT		MAR 08 2001	
NAME	MEDICAL RECORDS DEPT SCI-GRATERFORD	NUMBER	DD 4637
X-RAY NUMBER	DATE OF X-RAY	QUARTERS	
	3/1/01	B	
<input type="checkbox"/> TREATMENT	<input checked="" type="checkbox"/> EXAMINATION	DETAILS:	
<p><i>Diagnostic Reports (PA)</i></p> <p><i>Name: Ralph Smith M.D.</i></p> <p><i>Date / Time: 3/7/01 10:00</i></p> <p><i>Emre Beken M.D.</i></p> <p><i>AP's done only per Dr. Beken</i></p>			
<p>REPORT</p> <p><u>CHEST</u> = Unremarkable heart, lungs, skeletal structures and mediastinum.</p> <p><u>IMPRESSION:</u> Normal chest - No active disease.</p>			
<p>DATE OF REPORT</p> <p>Romas Dovydaitis, M.D. White MEDICAL RECORD</p>			

03/02/01 1ag

Canary—X-RAY FILE

ROENTGENOLOGIST

Pink—RADIOLOGIST FILE

EXHIBIT C7
Progress Notes

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
			Inj.
7/20/00	MD	S:	90 lower back pain. fell off the steps while coming down the steps.
	HS	O:	PE neg. lung CTA heat pain (15,52 Abd soft. On/O- ext O/E/c/c. mvo AS OX3. no focal deficit moves and has control to all ext. EMG, ROMA, neck is supple. CN II-XII intact
		A:	As lower back pain P: ac the ad x-rays no obvious fx. waiting for Radiology report
7/20/00 1300	MD	S:	"I don't know what happened." O: inmate may be to display a leg at 114 no stretcher & neck immobility in place. Block officer stated inmate

*Emre Beken M.D.
CPS Physician*

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Stafford, Leon *Wadsworth*
Inmate Number: D D 4637
DOB: 4-10-69
Institution: C R T C

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7/21/00	#5	0001 NSG	O- A+O. Moving about freely in bed All Limbs, without any pain/discomfort A-NAD verbalized or observed. P Monitor — C Joudrey RNC
7/21/00	ms		7/21 S- Back pain resolved O- FE pain not in distress A- low back pain O- O/C to block
7/21/00	NSG		D/C ambulatory to block. No wife sign of distress, no voice distress. Inmate needs to understand c institution. Verbalizes understanding. D/C to block.
7/21/00	ms	1545	S- No seizure still to back pain feels that he needs more pain meds O- O Rabinski B/L O straight leg test B/L O motor power deficiency

James Beken M.D.
CPS Physician

PROGRESS NOTES

 Outpatient Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7/1/00 05/28/00	0930 nm		Review med. c/o pain in back, ① L, RHA - M/Matz
7/3/00 0844 (6)	MD	S)	Review med. - pain back → L Good now - mobility well LBP, Spine See P.d.
			DENNIS MOYER, M.D.
8/3/00 0900	nm	S - O - A - P -	wants a chair / back brace using a cane to walk recent injury see orders
			N. Kulaylat, M.D. Internal Medicine
8/7/00 0905 (6)	MD	S)	Review med - Motion affecting small LBP - Spine See P.d.
			DENNIS MOYER, M.D.
8/9/00 1145	CNA	GRA 05/2000	Answered re: LBP inj from 7/20/00 Krauer CNA

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9/8/00 1500	Nsg		O: Scheduled for physical therapy A: Clinic cancelled due to PMS P: Reschedule <i>Arnold</i>
10/19/00 1630	Nsg.		O: Internal med. clinic - no show P: Reschedule appt. <i>Pennott GN</i>
10/25/00 1630	mes	5'10"	<i>Internal Med</i> 175168
10/35/00 1630	(S)		Admits to P Implementation of D Rule Determination, still in Intervention law Gives up Discrepancy Procedure Activity/ambulation -> Seizures x 7 yrs (C) 2 & rem & unl
	(P)		S/P Lumbarcare Stim Seizure Discrepancy <i>wait to see if side effects</i> (C) AC per order since <i>return to Dmt</i>
11/21/00 1630	mes		<i>Internal Medicine</i> Ralph Smith M.D. Physician 178162
11/21/00 1630	(S)		Admits to Poor Compliance - Re: Dmt (none x 2 yrs) - Denies Seizures x 7 yrs (C) Dmtr level face Olectors (P) Seizure Drs - Missionary not a replacement (C) struct Counselor re: Implementation of

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
2/27/01		Mens	Increase Medication 175 lbs
1/20	①/5		(S) complaints - notes loss Control of LBP & Migraine. no Seizures Since last visit
			(O) 12-20-00 f Dilantin level - 2.4 ↓ (A) Seizure Disorders - Status Q present LBP - No Complaints currently (P) As previously stated
			Ralph Smith M.D. Physician
3/30/01	1500	They	EKG completed. Jitter Rn
4/16/01	10	M	Lab eval.
4/16/01	47		S: Ø
	14		O: low diuretic level.
			A: H/o sz.
			P: call to sick call 40.6 to eval and educate
			The inmate spansaphiles
4/15/01	(S) Do		S lab studies released of LUN (urine, 01 dy (urine) ABP 144 mm Hg. <u>must as for RR & systolic (110)</u> mm Hg <u>mm diastolic ext from leg</u>
9/10/01			A seizure disorder; LVT

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7/12/01 1130	5	PT	SEE DC-441 <i>J. Petaccio, MSPT</i> JAMES PETACCIO, MSPT
7/12/01 1130	<u>MSPT</u>		<i>S: "I hurt my back"</i> <i>O: L/S pain in upper</i> <i>musculature at work (now</i> <i>replaced by supervisor)</i> <i>(Opns:</i> <i>A L/S pt w/</i> <i>P back</i>
			<i>J.C. Korsznak, PA-C</i>
8/3/01 1000	5	PT	<i>S: Admits non-compliance w/ HEP. Has had only two</i> <i>incidents of RADIATION into LE SINCE 7/12/01</i> <i>O: pt c/o LBP @ beginning of session. Repeated</i> <i>FF produced LBP. Repeated EIS abolished Sx.</i> <i>Re-inforced IMPORTANCE of HEP [EIS q 15' @ work +</i> <i>POE x 15' q 2 hrs on block.</i> <i>A: Still c/o MCKENZIE LS DERANGEMENT I. pt poor</i> <i>compliance w/ HEP frequency has slowed progress.</i> <i>P: Will flu in 2 wks. If pt performs HEP appropriately</i> <i>it is expected that his PAIN will be abolished.</i>
			<i>J.C. Petaccio, MSPT</i>

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

STARRERO, D

Inmate Number:

DD 4637

DOB:

4-10-67

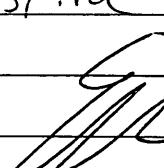
Facility:

SCC

EXHIBIT C8
Physician's Orders

PHYSICIAN'S ORDERS

Drug Allergies: NKASelf-Medication Program Yes No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7-5-00		CSC, DEPARTMENT, CHIEF PHYSICIAN, TSF, CRESTWING per Dr. ZAWAWI
		retd 7-5-00 1000 J. Beken
7/20/00	100	D3P
M		L-s spine, C-spine x-ray
HA	2	(R) pelvis x-ray
#5		
		Emre Beken MD. CPS Physician
7/20/00		- Admit to MDWMC
MD #5		23 hours observation
12 th		- Motrin 600 mg, PO TID x 10 days.
		- Robaxim 750 mg PO BID x 7 days.
		- bed rest.
		- dx lower back pain.
UN		- regular diet x 30 days.
		7/20/00 1130 (initials)
		2004 7/21/00 (initials)

PLEASE USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

Inmate Number

Stafford, Dion

Inmate Number

DD 4637

DOB:

4/10/69

Institution:

Sac

A

Drug Allergies:

NKDA

Self-Medication Program Yes NoDO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWS

7/21/00

ms

H5

9

inf
O/C to block
cart block medEmre Beken M.D.
CPS Physician

7/21/00 1310

7/21/00 1) ↑ Motrin 600mg po to i/gid (need 10
1540 6 more tablets) x 10d2) ↑ Robaxin 750mg to i/gid (already
received 15 tablets) x 10d3) Depakote 250mg i/gid + } x 10d
no tid } self med
no med } for seizures

4) RCTC 3 1545

N. Taylat, M.D.

1240

- Sick Call

5) ① Please allow use of cane x 10dys

RALPH W SMITH M.D.
MEDICINE

Note 7/26/00

1245 7/26/00

PHYSICIAN'S ORDERS

Drug Allergies: NIKDA ASelf-Medication Program Yes No

Inmate Name:

Stafford P
PD 4637

Inmate Number:

4-10-69

DOB:

SC16

Institution:

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7/3/00 0847	⑤	<u>Metformin 600 mg Qid X 10d</u> <u>Robaxin 750g Qid X 10d.</u> <u>Noted 7/3/00</u> <u>DR</u> <u>7/10/00</u>
8/3 0.20	100	<u>See DC 480</u> <u>Noted 8/3/00 @ 0900</u> <u>DR</u> <u>7/10/00</u>
8/7/00 0905	⑤	<u>Wmigr-500g Po Bid X 10d.</u> <u>Noted 8/7/00 0905 DR</u> <u>Leveugod 7/10/00</u>
8/14/00 0920	⑤	<u>Uropon-500g Po Bid</u> <u>X 10d.</u> <u>Noted 8/14/00 0920 DR</u> <u>Leveugod 7/10/00</u>
8/23/00 0900	9	<u>Consult PT</u> <u>Noted 8/23/00 0900 DR</u> <u>Leveugod 7/10/00</u>

EXHIBIT D

Declaration of Chief Grievance Review Officer Tshanna Kyler

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DEON C. STAFFORD

CIVIL ACTION

v.

DONALD T. VAUGHN (SUPERINTENDENT):
MANNY ARROYO (DEPUTY
SUPERINTENDENT), DAVID
DIGUGLIELMO (DEPUTY
SUPERINTENDENT), GEORGE HILTNER
(SUPERVISOR MAINTENANCE), MRS.
KNAUER (ADMINISTRATION
SUPERVISOR), MR. MCSURDY (FIRE
INSPECTOR SUPERVISOR)

NO. 02-3790

DECLARATION OF TSHANNA KYLER

I, Tshanna Kyler, declare under penalty of perjury that the following facts are true and correct to the best of my knowledge:

1. I am employed by the Pennsylvania Department of Corrections (DOC) as a Grievance Review Officer.
2. I have reviewed plaintiff Deon Stafford's (inmate DD-4637) records of Grievance Number GRA-0897-00, which pertains to a July 20, 2000 accident.
3. The DOC's administrative directive, DC-ADM 804, in the Inmate Handbook, entitled the Consolidated Inmate Grievance Review System, was established to ensure that inmates have an avenue through which to resolve specific problems.
5. Through the grievance procedure, I receive inmate grievance appeals for final review related to the inmate's problem with confinement, to assess whether that inmate's complaint has been appropriately addressed by the respective institution. My responsibilities require me to be aware of, track, review and address all grievances

submitted for final review.

6. As part of my duties, I process and maintain all computer records and hard copies of all appeals to final review of grievances filed by inmates in state correctional institutions.
7. I have researched the computer records for plaintiff, Deon Stafford's (inmate DD-4637), and have confirmed that Stafford has not exhausted Grievance No. GRA-0897-00 against any officials from the State Correctional Institution ("SCI") at Graterford. Rather, Mr. Stafford failed to comply with the provision(s) of DC-ADM 804 on his appeal for final review and, after being informed of this by letter dated August 31, 2000, he did not attempt to properly re-submit Grievance No. 0897-00 for final review.
8. In addition, there is no record of Stafford exhausting any other grievances related to the conditions of the stairs in SCI-Graterford.
9. Attached, as noted in the Exhibit Table, are true and correct copies of the documents that I have described above.

I declare under penalty of perjury that the foregoing facts are true and correct based upon my personal knowledge.

Harrisburg, PA

DATED: 8/4/04

Tshanna Kyler
Tshanna Kyler

EXHIBIT D1
Official Inmate Grievance GRA-0897-00

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

JUL 23 PM 3:15

GRIEVANCE NO.

GHA-0897-2000

Medical

Due 8/7/00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
Mrs. Leslie Hatcher	SCI G	July 22, 2000
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
Mr. Dean C. Stafford DD-4637	Mr. Dean C. Stafford	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
Ci Shop	A-B2-47	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

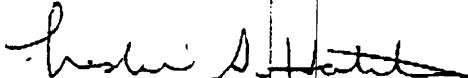
A. Brief, clear statement of grievance:

Hello on July 22, 2000, I fell through the 3rd step in back of A-Block, landing on my back & neck. Now there were many work orders for the steps to be fixed, by the guards & inmates and they were NOT fixed, now I'm suffering from back & neck pain, and extremely bad headaches and medical X-rayed me, but refused to take me to the Hospital "Dr. Bokko" nor give me a lay-in-from work or "bed in". Now I'm forced to work, w/out a neck or back brace!

B. Actions taken and staff you have contacted before submitting this grievance:

Talked to Mr. Murphy A-Block unit manager, Lt. Ransome, inmate Naugler.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator



Date

EXHIBIT D2

Official Inmate Grievance Response (Initial Review)

C-804
ART. IICOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

0897-2000

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
DEON STAFFORD, DD-4637	SCI G	A-32-047	7/22/00

The following is a summary of my findings regarding your grievance:

Mr. Stafford, I received your chart. Your injury occurred on 7/20. You were admitted to the Infirmary. X-rays were taken on 7/20 and were negative. You were discharged back to the block on 7/21. You ambulated without signs of distress. You were seen at 345 pm on 7/21 by Dr Kulagat. Your exam was completed and medication was increased for discomfort. You were seen by several doctors on 7/24, 7/26, 7/31, 8/3, 8/7 for your complaints. Documentation shows full range of motion and once you told the doctor you wanted a chair and back brace. Your medical follow-up has been appropriate and follows DOC policy and procedure.

Refer to DC-ADM 804, Section VIII, for instructions on grievance system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

J. Kramer CPCA

DATE

8/7/00

EXHIBIT D3
Inmate Appeal from Initial Review

DATE : AUGUST 14, 2000

FROM : MR. DEON C. STAFFORD SR. #DD-4637 A B2-047 OFFICE OF THE

SUBJECT : APPEAL FROM INITIAL REVIEW OF GRIEVANCE AUG 21 2000
#GRA-0897-2000 FILED ON JULY 23, 2000
RECEIVED CHIEF
REAPING EXAMINER

Dear Sir:

My grievance was answered but, as of thus far I have seen no results at all. My grievance was pertaining to the corroded steps on a block. And because of the rotting steps, they broke and, I fell, hurting myself. Also, the medical department refused me outside medical treatment.

And I would also like for the prison here at Graterford to take out those rotted steps and replace them with new ones. Also, I would like to be admitted to a hospital so that I can get the professional help that I need. And a thorough examination, and follow-up with neck and back therapy. Thank you in advance for your co-operation.

Respectfully

Mr. Deon C. Stafford Sr. #DD-4637

MR. DEON C. STAFFORD SR. #DD-4637 A B2-047

EXHIBIT D4
Superintendent Vaughn's Disposition of Inmate Appeal

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Graterford
(610)489-4151
August 15, 2000

SUBJECT: A-Block Steps

TO: Deon Stafford, DD-4637 A-B2-091

Donald T. Vaughn
FROM: Donald T. Vaughn
Superintendent
SCI-Graterford

x

I am in receipt of your request of July 24, 2000 in which you advised me that you were involved in an accident on A-Block when a step collapsed.

As soon as this incident was reported to the Maintenance Department, they dispatched employees with the appropriate equipment to make these repairs. While it is unfortunate that you had this accident, I must advise you that corrective action has been taken which will prevent similar incidents involving you or other inmates in the future.

DTV:AJLF:kcn

cc: Mr. Hiltner
DC-15 DD-4637
File

5/16/01 Fixed
March 2001 Replaced
R/Tentative 1/2 mos later

EXHIBIT D5
Grievance Appeal to Central Office

DATE : AUGUST 17, 2000

TO : ROBERT S. BITNER CHIEF HEARING EXAMINER

FROM : MR. DEON C. STAFFORD SR. #DD-4637 A B2-047

SUBJECT : APPEAL FROM INITIAL REVIEW OF GRIEVANCE
#GRA-0897-200 FILED ON JULY 23, 2000

*
*

Dear Sir:

My grievance was answered but, as of thus far I have seen no results at all. My grievance was pertaining to the corroded steps on a block. And because of the rotting steps, they broke and, I fell, hurting myself. Also, the medical department refused me outside medical treatment.

And I would also like for the prison here at Graterford to take out those rotted steps and replace them with new ones. Also, I would like to be admitted to a hospital so that I can get the professional help that I need. And a thorough examination, and follow-up with neck and back therapy. Thank you in advance for your co-operation.

Respectfully

Mr. Deon C. Stafford Sr. #D-4637

MR. DEON C. STAFFORD SR. #DD-4637 A B2-047

EXHIBIT D6
Final Review of GRA-0897-00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

August 31, 2000

Dean Stafford, DD-4637
SCI Graterford

Re: DC-ADM 801 - Final Review
Grievance No. GRA-0897-00

Dear Mr. Stafford:

Your appeal of the above-referenced grievance has been received by this office for review. However, our inquiry into this matter reveals that you have not yet appealed to the Superintendent of your institution as required by DC-ADM 804, VI D, 2.

The Central Office Medical Review Committee was abolished by policy amendment DC ADM 804-1 four (4) years ago. All grievances, including medical, must be appealed to the Institution Superintendent prior to appeal to final review.

Until this appeal is completed, final review cannot be granted. Upon receiving the response from your appeal to the Superintendent, you may once again submit a timely written appeal for final review.

This response does not grant you a right to an appeal if it would otherwise be untimely to pursue that appeal. However, in evaluating the timeliness of any appeal you submit, the time consumed by erroneously directing your appeal to this office may be disregarded at the discretion of the recipient of your next appeal.

Sincerely,


Robert S. Bitner
Chief Hearing Examiner

RSB:bjk

pc: Superintendent Vaughn

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DEON C. STAFFORD	:	CIVIL ACTION
	:	
v.	:	
	:	
DONALD T. VAUGHN (SUPERINTENDENT):	:	
MANNY ARROYO (DEPUTY	:	
SUPERINTENDENT), DAVID	:	
DIGUGLIELMO (DEPUTY	:	
SUPERINTENDENT), GEORGE HILTNER	:	
(SUPERVISOR MAINTENANCE), MRS.	:	
KNAUER (ADMINISTRATION	:	
SUPERVISOR), MR. MCSURDY (FIRE	:	
INSPECTOR SUPERVISOR)	:	NO. 02-3790

CERTIFICATE OF SERVICE

I, Patrick J. McMonagle, Deputy Attorney General, hereby certify that a true and correct copy of the Commonwealth Defendants' Motion for Summary Judgment was filed electronically and is available for viewing and downloading from the ECF system as of August 6, 2004. I further certify that a true and correct copy of said document was mailed on August 6, 2004, postage prepaid, to:

Deon Stafford, DD-4637
State Correctional Institution at Graterford
P.O. Box 244
Graterford, PA 19426

GERALD J. PAPPERT
ATTORNEY GENERAL

BY: /s/ Patrick J. McMonagle
Patrick J. McMonagle
Deputy Attorney General
Identification No. 83890

Office of Attorney General
21 S. 12th Street, 3rd Floor
Philadelphia, PA 19107-3603
Telephone No. (215) 560-2933

Susan J. Forney
Chief Deputy Attorney General
Chief, Litigation Section